



SUPERVISOR'S REPORT OF INJURY

Please Print

Employee's Name _____ Department _____

Position _____ Supervisor's Name _____

Date and Time of Accident _____ Location _____

Injury _____ Exposure _____ Illness _____

Describe in detail what happened and what part of body was injured:

Date / Time accident was reported to you _____

Names(s) of Witness(es) _____

Medical treatment required? ☐ Yes ☐ No

If yes, where _____

Any lost days? _____

What could have been done to prevent this accident? _____

Signature of Supervisor _____ Date _____